



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

FILED

2007 JAN 17 AM 8:10

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

People for Pritchard

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 598-1213

4. Mailing address (address where all campaign finance correspondence is received)

12836e Caliburn Ct.

☐ Check if this is a new address

5. City, state, ZIP code

Fishers, IN 46038

6. Party affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

Eiken Nash Pritchard

8. Party affiliation or if independent candidate

R

9. Office sought (Include district number, if any. Not required for exploratory committee.)

Town Council - Dist. 3

10. County of residence

Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

- ☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

- ☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: 1/1/06

Through: 12/31/06

COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

588.14

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0

15b. Unitemized

0

15c. Add lines 15a and 15b in both columns

SUBTOTAL

0

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

588.14

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

250.00

17b. Unitemized

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

250.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

338.14

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

0

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS: (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Prevail, Inc. 1100 S. 9th St., Ste. 100 Noblesville, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	150.00	150	3/14/06
Code <u>C</u> Mike Delph 861 Winter Ct. Carmel, IN 46032	State Senator	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	100	100	3/16/06
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 250		
TOTAL OF ALL PAGES OF SCHEDULE B ON THIS LAST PAGE ONLY			250		